

Borders NHS Board



BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update the Board on areas of activity within the Board Executive Team's Directors portfolios.

Chief Executive

NHS Scotland Senior Leaders Forum: The focus of the session held on 11 January was delivering and governing transformational change, followed by a session held on 22 February.

Buurtzorg: Meetings have taken place during December and January to discuss the design of Buurtzorg for NHS Borders.

Medical Director: Interviews to appoint a new Medical Director took place in January and Dr Cliff Sharp was appointed and took up the post on 14 February.

Director of Nursing, Midwifery & Acute Services: Interviews to appoint a new Director of Nursing, Midwifery and Acute Services took place in January. Mrs Claire Smith has been appointed to the role and is due to commence in post in May.

Circulars: The following Scottish Government circulars have been received by the organisation. Copies are available from the Chief Executive's Office.

| Date Received | Circular Number | Title |
|----------------------|------------------------|--|
| 17.01.17 | PCA (M) (2016)9 | Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2016 |
| 16.01.17 | DL (2017) 1 | Local Delivery Plan (LDP) Guidance 2017/18 |
| 27.01.17 | PCA (P) (2017) 2 | Pharmaceutical Services: Extended Minor Ailment Service Pilot in Inverclyde Health and Social Care Partnership |
| 03.02.17 | STAC (TCS01) 2017 | Heavy or Bulky Equipment |
| 23.12.16 | CMO (2016) 21 | Seasonal Influenza: Use of Antivirals 2016-17 |
| 24.12.16 | DL (2016) 24 | Legislative change to the Statutory Supervision of Midwives |
| 10.01.17 | PCA (P) (2017) 1 | Community Pharmacy Training on effective management of OTC consultations |
| 15.12.16 | STAC(TCS08) 2016 | Addition of Working Longer Section to the STAC Website |
| 09.12.16 | PCA (D) (2016) 13 | Dentists/Dental Bodies Corporate National Health Service General Dental Services Revised GP17(O) Forms |

| | | |
|----------|-------------------|--|
| 09.11.16 | DL (2016) 21 | Proposals for restrictions on smoking outside Hospital Buildings |
| 01.12.16 | DL (2016) 23 | Everyone Matters: 2020 Workforce Vision Implementation Plan 2017-18 |
| 03.11.16 | CMO (2016) 18 | Physical Activity Infographics |
| 07.12.16 | PCA (P) (2016) 18 | Public Health Service Poster Campaigns 2016/17 Update |
| 09.11.16 | DL (2016) 20 | Augmentative and Alternative Communication (AAC) -Communication Equipment and Support: Part 4 of the Health (Tobacco, Nicotine etc. and, Care) (Scotland) Act 2016 |
| 23.11.16 | STAC(TCS07)2016 | Reimbursement of Employee NHS Business Travel Costs – November Review |

Director of Finance, Procurement, Estates & Facilities

Financial Year 2016/17

- **Revenue:** In light of the challenging financial position a senior member of the finance staff continues to be based in the BGH putting in place new systems and processes to support increasing the efficiency of services and to allow managers to take account of the financial impact of decisions. Across the wider organisation the finance team continues to work closely with services to monitor budgets. This work is critical to support delivery of the financial targets in 2016/17.
- **Capital:** A full update on the capital programme was presented to the Board on the 1st December 2016. There has been slippage on a number of schemes within the capital programme and this has been utilised to support revenue pressures. Constructive discussions have taken place with Scottish Government around the timing of the delivery of the gamma camera and the level of capital funding in 2017/18 and 2018/19, although capital allocations for the new financial year have not yet been confirmed.
- **Efficiency:** The Board is still forecasting delivery of £8.1m by the end of the year against an in year target of £11.4m, with a recurring underlying deficit of £4.9m, due to a shortfall on delivery, being carried forward into 2017/18. This represents an increase of £3.2m on the £1.7m recurring deficit carried forward from 2016/17. Whilst we are still focused on ensuring savings identified are delivered as planned, significant attention is also now being given to the development of savings plans and proposals into 2017/18 in accordance with the LDP planning process.

Financial Year 2017/18: The Director of Finance gave a presentation to the Board on 2nd February 2017 which provided details on the budget presented to the Scottish Parliament in December and NHS Borders draft allocation. The Scottish Parliament's budget has now been agreed, although finalised allocations have not yet been issued no changes to the draft figures are expected. Ongoing dialogue with the Board on the financial plan will take place over the next few months, however based on current information the financial outlook remains very challenging.

External Audit: Audit Scotland, the Board's External Auditors are on site for their Interim Audit during weeks commencing 6th and 13th February 2017. The Audit Committee will receive a report detailing their findings at the next meeting on 3rd April 2017.

Estates Update: The internal refurbishment of 4 operating theatres commenced on 28th November with each theatre taking approximately 3 weeks to complete. The refurbishment of the second theatre is now complete with no negative feedback from the service received to date.

Catering Update: Consideration is being given to the introduction of 'Prodplan Plus' which is a system for improved stock control and production management in catering. There are pump priming monies available through HFS and ZERO Waste Scotland for the introduction of this system, thereafter Boards will pay the ongoing annual maintenance costs. A visit to NHS Tayside, who are currently trialling this system, has taken place to support a final decision on whether to progress.

Facilities Update: General Services are trialling increasing domestic resource into Wards 4, 7, 9, 12, MAU, DME within the BGH to evaluate the potential impact on cleanliness compliance in these areas. The cleanliness scores will be compared for December 2016, January and February 2017 to see if there is an increase in performance.

Laundry Update: The Laundry will be promoting their services in the spring to try and secure additional business and generate more income. This will include among the current services provided the introduction of linen bundles that can be bought and laundered by NHS Borders. Services will be advertised via NHS Borders' Facebook page, the Intranet and leaflet distribution. Based on the work to date one new customer has been secured and a meeting is scheduled with another prospective customer.

Director of Nursing, Midwifery & Acute Services

New Post: Charlie Sinclair, Associate Director of Nursing (Primary, Acute and Community Services), has successfully obtained a new job working for NHS Tayside. He will leave his current post on 24th February.

Scottish Improvement Leadership (SciL) Programme: Christine Proudfoot, Quality Improvement Facilitator, and Diane Keddie, Clinical Nurse Manager, have been successful in their applications for the next cohort commencing March 2017.

Dementia Champions Conference (15th March 2017): Peter Lerpiniere, Interim Lead Nurse for Mental Health & Learning Disabilities, has been asked to present at this conference in March. Miriam Norris, Dementia Champion on Ward 9 has been asked to present a poster about the work done to support people with dementia and their families at the same conference.

Nurse Consultant in Palliative Care: We have appointed Michelle Scott as the new Nurse Consultant in Palliative Care. She commences her post on 27th February.

First Family Nurse Partnership (FNP) Annual Review: The first Annual Review of FNP took place in NHS Borders on the 20th January. In the Review it was noted that the acceptability of the programme for clients living in the Borders area has been apparent from the onset of the programme delivery. Fidelity targets and stretch goals are showing very promising data at this early stage of the programme delivery. The Review showed that NHS Borders and NHS Lothian colleagues continue to demonstrate their commitment and belief with the programme.

Heads of Safety Service for National Health Service in Scotland: Sheila MacDougall, Risk & Safety Manager has been voted as Deputy Chair. This will aid NHS Borders in building relationships across Scotland and within the SEAT region bringing opportunities for service provision efficiencies.

Director of Workforce & Planning

T&PD: Working collaboratively with Edinburgh Napier University and NHS Lothian, the NHS Borders Prevention and Management of Aggression and Violence (PMAV) team have provided specialist expertise and support to address an identified gap in the preparation of undergraduate Nursing and Midwifery students prior to their clinical placements.

On a practical level, regardless of the clinical placement area, students need to be trained in practical theory and breakaway PMAV techniques to a skill level which enables them to move around placements safely and assists in keeping both students and patients safe.

A joint approach between NHS Borders PMAV and NHS Lothian's PMAV teams has enabled the delivery of face-to-face PMAV training for all students before their next placement in February 2017.

There is recognition from the Universities that there needs to be a national approach to agreeing the standard for PMAV training requirements and that this is wider than nursing and midwifery students but impacts on AHP and medical students too.

IM&T: The public Wi-Fi in the dining room is proving very popular. Our first reports show that we had 721 unique users during January. Most users were female. The highest use age group is 25-34. Most of the users are from central Borders and Edinburgh.

We received a funding from Primary Care Digital Services fund. We have agreed with local GPs that we will use this to upgrade / replace old desktops in General Practice. In addition we have some funding to upgrade / replace some desktops in Learning Disability Service and Primary care to support the EMIS Web project.

Some additional funding from national obsolescence and local capital has become available and will allow us to update our SQL licensing position and to replace the SQL cluster to reduce our risk of failure. This should be implemented before the end of March.

A new Web Filtering solution was implemented on 18th January. This improves our ability to protect the organisation from threats and has plugged some gaps that we experienced with the old system. It has caused an increase in calls to the service desk due to some web mail sites which couldn't be recognised by the old system now being blocked. This is consistent with our current local policies approved by Information Governance Committee.

We are planning to purchase & implement enhanced cyber threat protection especially regarding ransomware. There have been recent incidents in an English Trust and Aberdeen City Council where ransomware caused significant disruption to services so this is timely.

Two of our project managers presented our work on Systemview and Clinical Bridge to the national View products user group. Feedback has been extremely positive both on the presentations and in the potential for use in other boards. We also hosted a visit by NHS

Wales to look at Systemview. Systemview is being tested using a PDSA approach at flow meetings. Clinical Bridge – the first version of the designed software has been received and is ready to test internally.

Joint Director of Public Health

Cervical Cancer Screening: NHS Borders Awareness Raising Cervical Screening and Staff Cervical Smear Amnesty Initiative. Over the last 10 years, there has been a downward trend in participation in the cervical screening programme nationally and locally. The National Cervical Cancer Screening Campaign was launched on the 8th February, with digital media messages about cervical screening and a particular focus on the younger age group (25-34 yrs).

Awareness Raising Activities: A schedule of activities have been set up to: raise awareness of cervical cancer and the benefits of early detection amongst staff groups and increase participation in the programme across all age groups. Activities include: information sessions; global emails; tailored sessions for key staff groups; community based promotions.

Amnesty Smear Clinics: A number of amnesty smear clinics have been scheduled in the hospital Jan – April 2017. To date 50 staff have booked appointments, including staff who have never been screened, those who had their last smear over 15 years ago and a large number of staff who had defaulted on appointments. Feedback so far has been very positive.

Project funding: The initial phase of work has been supported by a successful bid to Scottish Government. A further bid for additional funding to undertake a scoping exercise has been made with a decision expected on the w/c 13 February. The targeted work above is included as part of this bid.

Assurance of National Screening Programmes – AAA: Scottish Government, through the development and implementation of the Screening Standing Committee, has indicated a strong desire to see external assurance of programmes take place. This has led Healthcare Improvement Scotland to develop a methodology for the assurance of Scottish national screening programmes based upon tried and tested methods, used within Scotland and elsewhere in the UK. Over the next 3 years each of the 6 national screening programmes (AAA, Bowel, Breast, Cervical, DRS, and Pregnancy and Newborn) will be reviewed to provide a baseline. Boards were notified in late December of the commencement of the review for the AAA programme. The AAA programme is delivered in the Borders under a collaborative with Lothian. Lothian have been leading the review, evidence has been uploaded and seeking declaration sign off from each Board prior to submitting the evidence on the 17th February.

Major Incident Planning and Exercising, 2016: NHS Borders Resilience work has focussed on major incident planning during 2016 with plan update, participation in a national exercise in October, an NHS Borders multi-agency exercise in November and major incident medical management and support training in December. The exercising and training sessions provided

- valuable multi agency strategic group discussion;
- awareness of the potential support from the emergency control centre;
- exploration of roles including medical leadership and

- the need for further understanding of relative responsibilities of BGH as a control hospital for casualties in the Borders area.

The sessions produced energy and enthusiasm and a short term task group will take forward the key areas from the resultant action plan. These will be reported to the Resilience Committee and CEOps Group.

Diabetes Prevention: In January, a six month pilot programme that aims to improve the physiological and psychological outcomes of low activity people with type 2 diabetes was launched. A collaborative between NHS Borders Joint Health Improvement Team, Diabetes service and Live Borders, the programme aims to change established lifestyle habits through participation in a physical activity programme and health behaviour change support.

Health Conditions and Exercise: Live Borders have launched a new programme of health condition classes for people looking to improve their strength, mobility and fitness. The health condition classes are tiered into four levels based on patient ability and range from seated classes for people with limited standing and balance to moderate to vigorous level classes for people who are independently mobile and physically active.

Healthcare professionals from NHS Borders are now able to refer patients direct to the Live Borders classes which can accommodate most health conditions such as diabetes, cardiac rehabilitation, mental health, musculo-skeletal problems and weigh management.

Catering for Life: The Health Improvement team have provided inputs to the Scottish Borders College programme for individuals preparing for employment. In the past this has led to several participants becoming volunteers with the Healthy Living Network.

Child Poverty: The Health Improvement team held a successful workshop on Living on a Low Income for early years services, attended by over 45 participants from across Borders and from national organisations. The workshop was to identify current good practice and areas for improvement. Actions will be taken forward through the Early Years group of the Children and Young People's Leadership Group as part of continuing efforts to tackle health inequalities.

Medical Director

Thanks to our outgoing Medical Director, Andrew Murray, who has been appointed to the Medical Director role in Forth Valley: We wish him well, thank him for his hard work and leadership albeit for a relatively short period. We look forward to further working with him and Forth Valley in the future as part of the SEAT Regional working arrangements.

We welcome the new Medical Director, Dr Cliff sharp, who was appointed in January and started work in the new role on Feb 14th.

Dr Sharp is already providing Clinical Leadership to the new Clinical Productivity initiative with Allied Health Professionals, which will be expected to reduce the burden of unnecessary administration and free staff up for more face to face clinical time with our patients.

He will also be promoting and leading the new Realistic Medicine initiative to help the public and clinicians ask the five key questions of their doctor. (Copy attached).

Chief Officer Health & Social Care Integration

Mrs Elaine Torrance had taken on the role of Chief Officer from 1 December 2016. In regard to her substantive Chief Social Work Officer role she had appointed Murray Leys as Chief Officer for Adult Social Work. Mrs Torrance was working from both Scottish Borders Council and NHS Borders and was meeting regularly with Sandra Pratt, Associate Director for Primary and Community Services, Simon Burt, General Manager Mental Health & Learning Disabilities and Murray Leys. Her initial focus was on streamlining the Integrated Care Fund arrangements, structures and meetings as well as reviewing staffing levels, efficiencies and budgets.

Joint Older Peoples Inspection: The Inspectors had arrived on site on 16 January 2017 for a week of file reading and reviewing. They had returned for a follow up week on 6 February and a scrutiny week would be taking place from 20 February 2017.

Recommendation

The Board is asked to **note** the report.

| | |
|--|---|
| Policy/Strategy Implications | Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues. |
| Consultation | Board Executive Team |
| Consultation with Professional Committees | None |
| Risk Assessment | Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues. |
| Compliance with Board Policy requirements on Equality and Diversity | Compliant |
| Resource/Staffing Implications | Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues. |

Approved by

| Name | Designation | Name | Designation |
|---------------|--------------------|-------------|--------------------|
| Jane Davidson | Chief Executive | | |

Author(s)

| Name | Designation | Name | Designation |
|----------------------|--------------------|-------------|--------------------|
| Board Executive Team | | | |

Five Questions

Your Doctor & Nurse Want You To Ask Them Today

- **Is this test, treatment or procedure really needed?**
- **What are the benefits and what are the downsides?**
- **What are the possible side-effects?**
- **Are there simpler or safer options?**
- **What would happen if I did nothing?**

Please talk to us about you what you need and what you don't.
Contact us at www.nhsborders.scot.nhs.uk



@nhsborders

#RealisticMedicine